

Title

Implementation of Skin-to-Skin Contact in the Immediate Post-Partum Period: Improving Newborn and Maternal Outcomes and the Experience of Care

Naval Hospital Camp Pendleton Maternal Infant Unit.

Introduction

Practice at hospitals in the past focused on immediate resuscitation of an infant on a radiant warmer away from their mother. This separation of mom and baby to complete initial assessments and medication administration has negatively affected essential skin-to-skin contact (SSC) that promotes bonding and breastfeeding. Infants have a strong suck reflex in the first 30 minutes of life and disturbance in their ability to breastfeed can affect their ability to learn the suckling process. Immediate SSC not only helps the infant regulate their temperature, but the suckling of colostrum can stimulate their digestive peristalsis and allow them to receive the immunologic benefits of this precursor to breast milk. This SSC and initiation of early breastfeeding also benefits mothers as it stimulates uterine contractions and helps decrease the amount of post-partum bleeding.

Objective

To educate staff and patient population about the benefits of immediate and early SSC to improve maternal and newborn outcomes as well as early attachment and successful breastfeeding.

Methods

An ongoing assessment of SSC was done from January 2009 until October 2011. Data collection from 2009 showed minimal numbers of immediate and early SSC that resulted in a change in our processes. In January 2010 a unit policy to support SSC was implemented, including the delay of medications and weight assessment until an hour of life. In February 2010 staff was educated on the principles of SSC and education was included in Naval Hospital Camp Pendleton's Childbirth Preparation class. To further improve immediate SSC in vaginal deliveries, basic Neonatal Resuscitation and assessments were taught to be completed on maternal chests to all nurses and corpsmen involved in patient care on Labor and Delivery. While these initiatives covered a large number of deliveries, we began to focus on cesarean births in 2011, an area that accounts for 25 percent of our deliveries. So far this year we have begun developing policies and procedures to support our efforts and have begun training staff in safe skin to skin practices in the Operating Room.

Results

Before attempts at educating staff and patients on the benefits of SSC, we saw very low numbers of parents engaging in SSC at time of delivery. In 2009 only 11.4% of deliveries had SSC immediately after birth and up to 30 minutes of life and only 11.3% initiated SSC after the infant went to the warmer for assessment first. After initiating policies and procedures to support SSC, our numbers in 2010 increased a great deal; 28.8% had SSC immediately after birth and 25.3% had SSC after the infant went to the warmer for evaluation.

Because cesarean delivery accounts for $\frac{1}{4}$ of our deliveries, a further increase in our SSC numbers has been seen. As of the end of September 2011, we have seen 32.3% SSC immediately after birth and 35% SSC after evaluation at the warmer first.

In addition to physical and psychological benefits to mom and baby is the experience of care, especially for mom's who deliver via cesarean birth. Because this is not yet the standard of care amongst other hospitals, parents are very pleased to have this bonding experience available to them at NHCP. Many cesarean births are repeat procedures, and parents express how this simple intervention makes this delivery improved compared to their previous delivery.

Figure 1. Original Comparison of SSC in 2009 and 2010

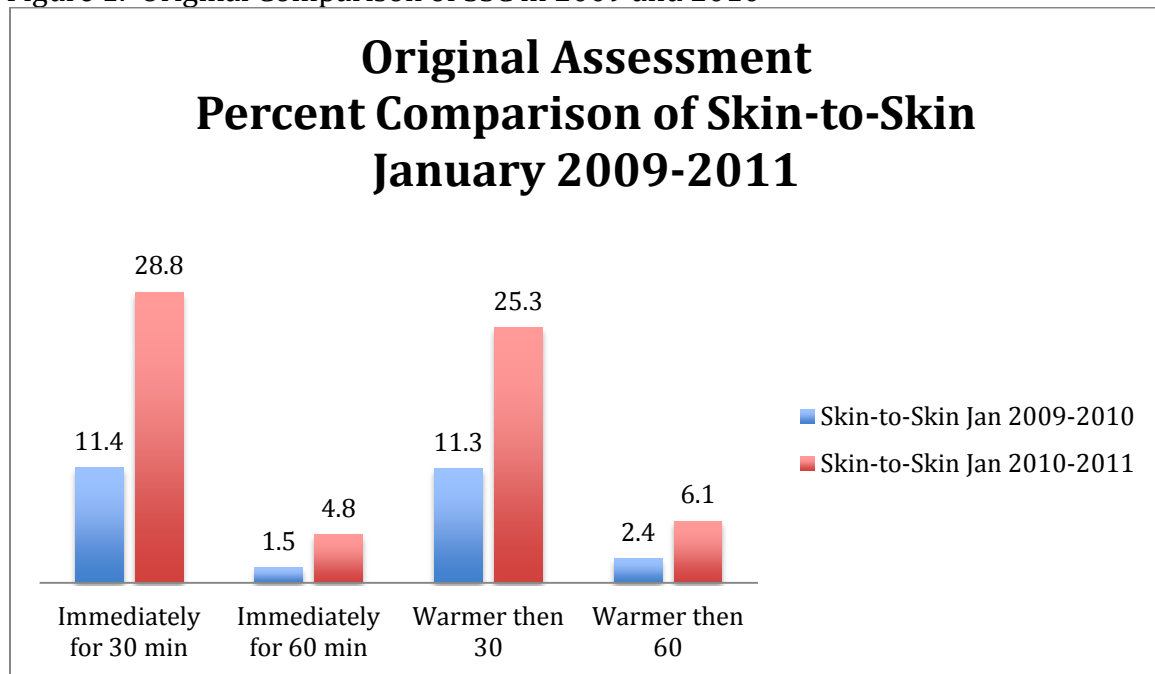
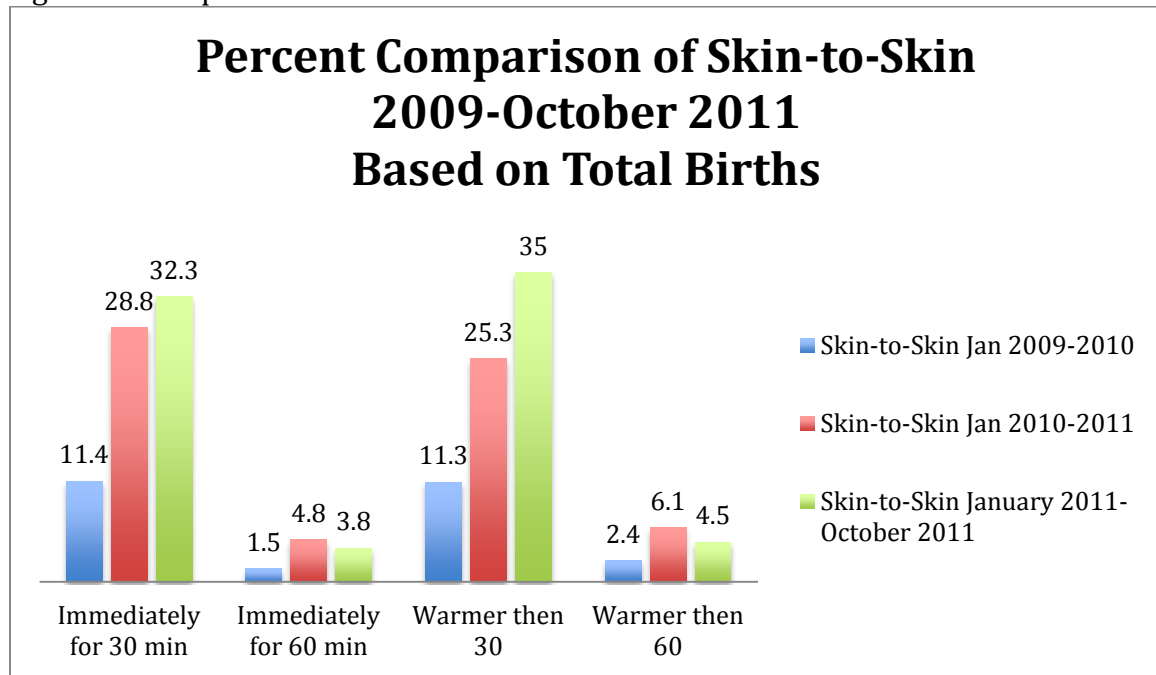


Figure 2. Comparison



Conclusion

The purpose of our process improvement initiative was to return the focus of birth back to natural processes and bonding rather than a medical approach. There are many benefits of early initiation of SSC that far outweigh any medical interventions; i.e. using maternal body heat rather than a radiant warmer to maintain infant temperature.